

## **2019 MEMBERSHIP FORM**

[ ] New Membership

[ ] Renewing Membership

\*(In order to be eligible for KyQHA Breeders' Incentive Fund payouts for events held in 2018 you must be a 2019 KyQHA member NO LATER THAN July 1, 2019). AQHA membership numbers MUST MATCH exactly as recorded on horse's COR.

KyQHA Membership (Also required for all Youth Memberships)				KyQHA Membership Dues	
Name		AQ	HA #	\$25 per year	
Please provide your membership number <b>EXACTLY</b> as it appears on your AQHA membership card. For BIF provide the membership number for the <b>OWNER</b> of the horse.				Please indicate by placing an asterisk (*) next to the name above of all declared Amateurs.	
Farm/Ranch Name				Youth Association	
Address				Membership Dues \$10 per	
	County			Youth per year (must also have KyQHA membership)	
State	Zip				
Home Phone	Cell Phone			Interest Categories	
Fax	E-mail			Check all that apply:	
Youth Membership (Youth who have not reached 19th birthday as of Jan. 1, 2019 are eligible - KyQHA Membership Required from a parent/guardian)  Youth Name AQHA #				[ ] KyQHA Breeders' Incentive Fund * [ ] Showing [ ] Sprint Racing [ ] Recreation/Trail Riding	
Date of Birth (required) Youth Cell				Payment Methods	
Parent/Guardian (if different than above)					
Address City				1. Make Check #	
County	State	Zip _		Payable & Mail to: KyQHA	
Youth Email				PO Box 23917 Lexington, KY 40523-3917	
Youth Name		Δ	OHA #	2. Pay by Credit Card	
				Circle Type: Visa MC DISC	
Date of Birth (required) Youth Cell Parent/Guardian (if different than above)					
Address City					
Youth Email				Card #:	
Note to Amateurs - As Ion Handbook of Rules and Regiby KyQHA.	g as you qualify as a	an Amateur acc	ording to the AQHA Official	Exp Date:	
Distribution of Contact Information: KyQHA sends its membership regular electronic				3 Digit Code:	
communications to keep the industry news and events. It distribute non-association to be listed in a printed publicate [ ] DO NOT print my cont	<b>(yQHA does not pr</b> ommunications. If yo ation, please check b	rovide your em ou do not wish pelow:	ail to third parties asking to n your contact information to	Cardholder Signature:	
NOTE: ONLY ONE VOTE PER	PAID MEMBERSHIP	IN KyQHA			